

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:05

**DOCUMENT # 728481 (3)**  
1. Corporation Name  
**THE MEADOWS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business: **377 SW 56TH AVENUE MARGATE FL 33068**  
Mailing Address: **377 SW 56TH AVENUE MARGATE FL 33068**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/26/1973**  
3a. Date of Last Report: **02/22/1994**  
4. FBI Number: **59-1532044**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:  
**POLIKOFF, GARY A.  
EMERALD LAKE CORPORATE PARK  
3111 STIRLING RD  
FT. LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent:  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	BOCCHINO, JOHN 5621 S.W. 2ND COURT 117 MARGATE FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VPD	D'ASCENTIS, JOHN 375 SW 56TH AVE 109 MARGATE FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	HARTMANN, RICHARD 5841 S.W. 2ND COURT 201 MARGATE FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD	CORRENTI, CAROL 5840 S.W. 3RD PLACE 201 MARGATE FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	ANDUJAR, JOSE 5620 S.W. 3RD PLACE 108 MARGATE FL	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: D	RUBIN, CARL 5661 S.W. 2ND COURT 208 MARGATE FL	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with amendments.

SIGNATURE: Richard Hartmann **2/1/95 305-972-3583**  
SIGNATURE AND TYPED OR PRINTED NAME BEGINNING OFFICER OR DIRECTOR: **RICHARD J. HARTMANN, TREAS.**